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B22C (Official Form 22C) (Chapter 13) (04/10)	According to the calculations required by this statement:
	The applicable commitment period is 3 years.
In re: Hynes, William T	The applicable commitment period is 5 years.
Debtor(s)	✓ Disposable income is determined under § 1325(b)(3).
Case Number: 10-21745-REF	☐ Disposable income is not determined under § 1325(b)(3).
(1 mo m)	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REI	PORT OF INCOME		
	a. [rital/filing status. Check the box that applies and Unmarried. Complete only Column A ("Deby Married. Complete both Column A ("Debto	otor's Income") for Lines 2-10.		
1	the s	figures must reflect average monthly income receix calendar months prior to filing the bankruptcy the before the filing. If the amount of monthly incoming the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the received in the six-month total by six, and enter the six-month total by six, and enter the six-month total by six-month tota	Column A Debtor's Income	Column B Spouse's Income	
2	Gros	ss wages, salary, tips, bonuses, overtime, comn	\$ 12,000.00	\$	
3	a and one l attac	me from the operation of a business, profession of the enter the difference in the appropriate column(sousiness, profession or farm, enter aggregate number. Do not enter a number less than zero. Donses entered on Line b as a deduction in Part) of Line 3. If you operate more than bers and provide details on an not include any part of the business		
	a.	Gross receipts	\$		
	Ъ.	Ordinary and necessary operating expenses	\$		
	c.	Business income	Subtract Line b from Line a	\$	\$
4	diffe	and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do nclude any part of the operating expenses ento IV.	not enter a number less than zero. Do		
4	a.	Gross receipts	\$		
	b.	Ordinary and necessary operating expenses	\$		
	c.	Rent and other real property income	Subtract Line b from Line a	\$	 \$
5	Inter	rest, dividends, and royalties.		\$	\$
6	Pens	ion and retirement income.		\$	\$
7	exper that	amounts paid by another person or entity, on uses of the debtor or the debtor's dependents, purpose. Do not include alimony or separate mage debtor's spouse.	including child support paid for	\$	\$

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		•				
8	Unemployment compensation. Enter However, if you contend that unemplo was a benefit under the Social Security Column A or B, but instead state the an	yment compensation receive Act, do not list the amoun	ed by you or your spou	ise		
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$		\$	
9	Income from all other sources. Speci sources on a separate page. Total and a maintenance payments paid by your or separate maintenance. Do not included a compayments received as a victim of international or domestic terrorism. a. b.	enter on Line 9. Do not inc spouse, but include all of ude any benefits received u	lude alimony or separ her payments of alim- inder the Social Securit	rate ony Ey	\$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). \$\frac{12,000.00}{3}\$					
11	Total. If Column B has been complete and enter the total. If Column B has no Column A.			\$		12,000.00
	Part II. CALCUL	ATION OF § 1325(b)(4) COMMITMENT	PERIOD		
12	Enter the amount from Line 11.	***************************************	**************************************		\$	12,000.00
13	Marital Adjustment. If you are marrie that calculation of the commitment per your spouse, enter the amount of the in basis for the household expenses of you a.	iod under § 1325(b)(4) doe come listed in Line 10, Co	s not require inclusion umn B that was NOT p	of the income of		
	b.	***************************************		\$		
	c.			\$		
	Total and enter on Line 13.	1446		Ψ	s	0.00
14	Subtract Line 13 from Line 12 and e	nter the result.	****		\$	12,000.00
15	Annualized current monthly income 12 and enter the result.	*****	the amount from Line	14 by the number	\$	144,000.00
16	Applicable median family income. En household size. (This information is av the bankruptcy court.)	nter the median family inco ailable by family size at wy	me for the applicable s vw.usdoj.gov/ust/ or fro	tate and om the clerk of		
	a. Enter debtor's state of residence: Per	nnsylvania	b. Enter debtor's ho	usehold size: 4	\$	77,590.00
	Application of § 1325(b)(4). Check th			,		
17	The amount on Line 15 is less that 3 years" at the top of page 1 of this	an the amount on Line 16.	Check the box for "Th	ne applicable comm	nitme	nt period is
17	The amount on Line 15 is not less period is 5 years" at the top of page	s than the amount on Line	e 16. Check the box for	"The applicable co	ommi	tment
	Part III. APPLICATION OF	§ 1325(b)(3) FOR DET	TERMINING DISP	OSABLE INCO	ME	
18	Enter the amount from Line 11.	The same of the sa		The second secon	\s	12.000.00

	persons other pose. If	filing jointly with your spouse, enter of was NOT paid on a regular basis for the tecify in the lines below the basis for ax liability or the spouse's support of mount of income devoted to each purpage. If the conditions for entering this), Column B that we's dependents. Spet of the spouse's tandents) and the an	f any income listed in Line 10 ses of the debtor or the debtor in B income (such as payment the debtor's dependent or the debtor's dependent.	total exper Colu than neces
	Б				a.
	5				b.
	В			The state of the s	c.
\$ 0.00				and enter on Line 19.	Tot
\$ 12,000.00	esult.	Line 19 from Line 18 and enter the 1	25(b)(3). Subtract	nt monthly income for § 132	20 Curr
\$ 144,000.00	0 by the number	(3). Multiply the amount from Line 2	me for § 1325(b)(nlized current monthly income enter the result.	
\$ 77,590.00	1,70	t from Line 16.	. Enter the amount	cable median family income.	22 Appl
	rt VII of this state	nount on Line 22. Check the box for a 1 of this statement and complete Pa	at the top of page	termined under § 1325(b)(3)" mplete Parts IV, V, or VI.	d
		dards of the Internal Payanus Sar			
\$ 1,371.00	vice (IRS) , and owable Living ov/ust/ or from	dards of the Internal Revenue Servenue	tions under Stand l and services, ho he "Total" amount old size. (This info	Subpart A: Deduction and Standards: food, appared laneous. Enter in Line 24A theses for the applicable househoork of the bankruptcy court.)	4A misce Exper the cl
\$ 1,371.00	vice (IRS) , and lowable Living ov/ust/ or from Standards for nal Standards for ble at r of members of s of your t be the same as ousehold total amount for	dards of the Internal Revenue Servesekeeping supplies, personal care from IRS National Standards for Al	l and services, ho ne "Total" amount old size. (This info Enter in Line al be ons under 65 years ons 65 years of age k of the bankrupto ars of age, and enter or older. (The total tiply Line al by L ult in Line cl. Mund enter the result	Subpart A: Deduction and Standards: food, appared laneous. Enter in Line 24A theses for the applicable househook of the bankruptcy court.) al Standards: health care. Ended the Health Care for personal Pocket Health Care for personal Standards: health care for personal Standards are under 65 years of age on the stated in Line 16b.) Multiput Standards: health care for personal Standards are stated in Line 16b.) Multiput Standards and enter the results are under 65, and enter the results are supplied to the standards are supplied to the supplied to the standards are supplied to the supplied to the standards are supplied to t	4A misce Experthe cl Natio Out-o Out-o www. your l house the nu memb house
\$ 1,371.00	vice (IRS) , and lowable Living ov/ust/ or from Standards for hal Standards for ble at r of members of s of your t be the same as ousehold total amount for btain a total	dards of the Internal Revenue Servenue	tions under Stand l and services, ho he "Total" amount old size. (This info Enter in Line a1 be ons under 65 years ons 65 years of age k of the bankrupte hars of age, and em or older. (The total tiply Line a1 by L ult in Line c1. Mu and enter the result sult in Line 24B.	Subpart A: Deduction and Standards: food, appared laneous. Enter in Line 24A theses for the applicable househook of the bankruptcy court.) al Standards: health care. En Pocket Health Care for personal solongov/ust/ or from the clerical base of the personal who are under 65 years of age on the stated in Line 16b.) Multiput Mu	4A misce Experthe cl Natio Out-o Out-o www. your l house the nu memb house health
\$ 1,371.00	vice (IRS) , and lowable Living ov/ust/ or from Standards for hal Standards for ble at r of members of s of your t be the same as ousehold total amount for btain a total	dards of the Internal Revenue Servenue	tions under Stand l and services, ho he "Total" amount old size. (This info Enter in Line a1 be ons under 65 years ons 65 years of age k of the bankrupte hars of age, and em or older. (The total tiply Line a1 by L ult in Line c1. Mu and enter the result sult in Line 24B.	Subpart A: Deduction and Standards: food, appared laneous. Enter in Line 24A theses for the applicable househook of the bankruptcy court.) Lal Standards: health care. En Pocket Health Care for personal Pocket Health Care for personal Suspension of the clerk ousehold who are under 65 years of age on the stated in Line 16b.) Multiparts under 65, and enter the result of the stated in Line 16b. The stated in Line	4A misce Experthe cl Natio Out-o Out-o www. your l house the nu memb house health
\$ 1,371.00	vice (IRS) , and owable Living ov/ust/ or from Standards for nal Standards for ble at r of members of s of your t be the same as ousehold total amount for btain a total	dards of the Internal Revenue Servine	tions under Standard services, hone "Total" amount old size. (This information of the information of the information of the bankrupte ars of age, and enter of the total tiply Line all by Lult in Line 24B. ars of age	Subpart A: Deduction and Standards: food, appared laneous. Enter in Line 24A the ses for the applicable househook of the bankruptcy court.) The standards: health care. Ended the ses for the applicable househook of the bankruptcy court.) The standards: health care. Ended the ses for personal s	Mation Out-out-out-out-out-out-out-out-out-out-o

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DZZC (Official Form 22C) (Chapter 15) (04/10)			- willing
	Local Standards: housing and utilities; mortgage/rent expense. Enter the IRS Housing and Utilities Standards; mortgage/rent expense for you information is available at www.usdoj.gov/ust/ or from the clerk of the the total of the Average Monthly Payments for any debts secured by you subtract Line b from Line a and enter the result in Line 25B. Do not en	r county and household size (this pankruptcy court); enter on Line bur home, as stated in Line 47;		
25B	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,201.00		
	b. Average Monthly Payment for any debts secured by your home, i any, as stated in Line 47	f \$		
	c. Net mortgage/rental expense	Subtract Line b from Line a	\$	1,201.00
26	Local Standards: housing and utilities; adjustment. If you contend t and 25B does not accurately compute the allowance to which you are en Utilities Standards, enter any additional amount to which you contend y for your contention in the space below:	ntitled under the IRS Housing and		
	:		\$	
	Local Standards: transportation; vehicle operation/public transportant an expense allowance in this category regardless of whether you pay the and regardless of whether you use public transportation.	tation expense. You are entitled to expenses of operating a vehicle		
and the second	Check the number of vehicles for which you pay the operating expenses expenses are included as a contribution to your household expenses in I			
27A	\square 0 \blacksquare 1 \square 2 or more.			
	If you checked 0, enter on Line 27A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Club Local Standards: Transportation for the applicable number of vehicles in Statistical Area or Census Region. (These amounts are available at www.of.the.org/nc.nc/ . (These amounts are available at www.of.the.org/nc.nc/ .	Operating Costs' amount from IRS n the applicable Metropolitan	\$	265.00
27B	Local Standards: transportation; additional public transportation expenses for a vehicle and also use public transportation, and you conte additional deduction for your public transportation expenses, enter on L Transportation" amount from IRS Local Standards: Transportation. (The www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	nd that you are entitled to an ine 27B the "Public"	\$	
	Local Standards: transportation ownership/lease expense; Vehicle which you claim an ownership/lease expense. (You may not claim an ownership two vehicles.)	I. Check the number of vehicles for which where the series of the series		
	$\checkmark 1 \square \ 2 \text{ or more.}$			
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the I Transportation (available at www.usdoj.gov/ust/ or from the clerk of the the total of the Average Monthly Payments for any debts secured by Ve subtract Line b from Line a and enter the result in Line 28. Do not ente	bankruptcy court); enter in Line bankruptcy court); enter in Line bankruptcy court);	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	a. IRS Transportation Standards, Ownership Costs	\$ 496.00		
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$		
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$	496.00
				I

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B22C (Official Form 22C) (Chapter 13) (04/10)

		al Standards: transportation ownership/lease expense; Vehicle 2. (ked the "2 or more" Box in Line 28.	Complete this Line only if you				
29	Tran the to	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.					
	a.	IRS Transportation Standards, Ownership Costs	\$				
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$				
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$			
30	feder	er Necessary Expenses: taxes. Enter the total average monthly expensal, state, and local taxes, other than real estate and sales taxes, such as a social-security taxes, and Medicare taxes. Do not include real estate	s income taxes, self-employment	\$			
31	dedu	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
32	for te	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.						
34	child emple	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.					
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.						
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$. 4.00		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.						
38	Total	Expenses Allowed under IRS Standards. Enter the total of Lines 2	24 through 37.	\$	4,214.00		

46

			Expense Deductions under spenses that you have listed in		
	expe	Ith Insurance, Disability Insurance, and Hearnses in the categories set out in lines a-c below se, or your dependents.			
	a.	Health Insurance	\$		
	b.	Disability Insurance	\$		
39	c.	Health Savings Account	\$		
	Tota	l and enter on Line 39		······································	\$
		ou do not actually expend this total amount, space below:	state your actual total averag	e monthly expenditures in	
	\$	and the second s			
40	mont elder	tinued contributions to the care of household thly expenses that you will continue to pay for the care of your large, chronically ill, or disabled member of your large to pay for such expenses. Do not include pa	he reasonable and necessary household or member of yo	care and support of an	\$
41	you a Servi	ection against family violence. Enter the total actually incur to maintain the safety of your families Act or other applicable federal law. The naidential by the court.	nily under the Family Violer	ice Prevention and	\$
42	Loca prov	te energy costs. Enter the total average monthly all Standards for Housing and Utilities, that you a ide your case trustee with documentation of the additional amount claimed is reasonable	actually expend for home er your actual expenses, and	ergy costs. You must	\$
43	actua secor trust	cation expenses for dependent children unde ally incur, not to exceed \$147.92* per child, for adary school by your dependent children less th see with documentation of your actual expen- asonable and necessary and not already acco	attendance at a private or p an 18 years of age. You mu ses, and you must explain	ublic elementary or ust provide your case why the amount claimed	\$
44	cloth Natio	itional food and clothing expense. Enter the to ing expenses exceed the combined allowances and Standards, not to exceed 5% of those comb ausdoj.gov/ust/ or from the clerk of the bankrup tional amount claimed is reasonable and nec	for food and clothing (appar bined allowances. (This info otcy court.) You must demo	rel and services) in the IRS rmation is available at	\$
45	Char chari	ritable contributions. Enter the amount reason table contributions in the form of cash or finance U.S.C. § 170(c)(1)-(2). Do not include any ar	ably necessary for you to excial instruments to a charital	ole organization as defined	\$

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

\$

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.

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		S	ubpart (C: Deductions for De	bt Payment		
	you Payr the t	own, list the name of the creditor, ment, and check whether the paymental of all amounts scheduled as cowing the filing of the bankruptcy e. Enter the total of the Average M	identify in identify in identification in identify in identify in identification in identification in identification in identify in identification in identify in identification in identi	the property securing des taxes or insurance ally due to each Secure ided by 60. If necessarian the control of	the debt, state the A e. The Average Mon red Creditor in the 60	verage Monthly athly Payment is 0 months	
47		Name of Creditor		y Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.				\$	□ yes □ no	
	b.				\$	☐ yes ☐ no	
	c.				\$	☐ yes ☐ no	
				Total: Ad	ld lines a, b and c.		\$
	resid you r credi cure forec	er payments on secured claims. I dence, a motor vehicle, or other promay include in your deduction 1/6 itor in addition to the payments lis amount would include any sums it closure. List and total any such amarate page.	operty ne 50th of an sted in Lin in default	ecessary for your supp by amount (the "cure and ne 47, in order to main that must be paid in co	port or the support of amount") that you muintain possession of to order to avoid reposs	f your dependents, ust pay the the property. The session or	
48		Name of Creditor		Property Securing th	he Debt	1/60th of the Cure Amount	
	a.					\$	
* * * + 33	b.					\$	
	c.					\$	
					Total: Add	d lines a, b and c.	\$
49	such	nents on prepetition priority cla as priority tax, child support and a ruptcy filing. Do not include cur	alimony o	claims, for which you	were liable at the tir	me of your	\$
	Char the re	pter 13 administrative expenses. esulting administrative expense.	. Multiply	the amount in Line a	by the amount in L	ine b, and enter	
	a.	Projected average monthly Chap	oter 13 pl	an payment.	\$ 7,78	86.00	
50	b.	Current multiplier for your distrischedules issued by the Executive Trustees. (This information is avww.usdoj.gov/ust/ or from the court.)	ve Office vailable a	for United States tt the bankruptcy	X 10	0.0%	
	c.	Average monthly administrative case	expense	1	Total: Multiply Line and b	es a	\$ 778.60
51	Total	Deductions for Debt Payment. Ente	er the tot	al of Lines 47 through	n 50.		\$ 778.60
		Su	bpart D:	: Total Deductions fr	rom Income		
52	Tota	l of all deductions from income.	Enter the	total of Lines 38, 46	, and 51.		\$ 4,992.60

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

\$

12,000.00

Total current monthly income. Enter the amount from Line 20.

53

			_				
disab	pility payments for a dependent child, reported in Part I, that you received in accordant	ice with	\$				
from	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).						
Tota	l of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.		\$	4,992.60			
for w in lin total provi	which there is no reasonable alternative, describe the special circumstances and the rest es a-c below. If necessary, list additional entries on a separate page. Total the expensin Line 57. You must provide your case trustee with documentation of these expense de a detailed explanation of the special circumstances that make such expenses neces	sulting expenses es and enter the s and you must					
	Nature of special circumstances	Amount of expense					
a.		\$					
b.		\$					
c.		\$					
	Total: Add	Lines a, b, and c	\$				
		66, and 57 and	\$	4,992.60			
Mont	thly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and en	ter the result.	\$	7,007.40			
and we	elfare of you and your family and that you contend should be an additional deductior e under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page.	from your current	mont	hlv			
	Expense Description	Monthly Ar	nount	7			
a.		\$	****				
b.		\$					
c.		\$					
	Total: Add Lines a, b and	c \$					
I decla	Part VII. VERIFICATION are under penalty of perjury that the information provided in this statement is true and sebtors must sign.)	l correct. (If this a	joint d	case,			
	(WI Ment						
	disable applied applie	disability payments for a dependent child, reported in Part I, that you received in accordar applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. Deduction for special circumstances. If there are special circumstances that justify addit for which there is no reasonable alternative, describe the special circumstances and the res in lines a-c below. If necessary, list additional entries on a separate page. Total the expense total in Line 57. You must provide your case trustee with documentation of these expenses provide a detailed explanation of the special circumstances that make such expenses neces reasonable. Nature of special circumstances	from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. Deduction for special circumstances. If there are special circumstances and the resulting expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and out must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable. Nature of special circumstances	disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). STOTAL of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-e below. If necessary, list additional entries on a separate page. Total the expenses and other the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable. Nature of special circumstances Amount of expense Amount of expense Total: Add Lines a, b, and c Total: Add Lines a, b, and c S Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the and welfare of you and your family and that you contend should be an additional deduction from your current mont income under § 707(b)(2)(A)(ii)(f). If necessary, list additional sources on a separate page. All figures should refleaverage monthly expense for each item. Total the expenses. Expense Description Monthly Amount S Part VI. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint of the property of t			

Signature:

(Joint Debtor, if any)